

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						10/088606			
						APPLICANT(S)			
CLAIMS									
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.					
1	1								
2	1								
3		1							
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50									
TOTAL IND.	7								
TOTAL DEP.	5								
TOTAL CLAIMS	12								

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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